SUMMARY OF CAMPAIGN CONTRIBUTIONS AND EXPENSES 2000 PRIMARY AND GENERAL ELECTIONS

State of Nevada

Kim Toulous e	Trustee	District (if applicable)
	Office To	-1-
iling address (include city and zip code)	Dr. Teno, x	Telephone Number
Report Period Began: Report Period Began: Report Period Began: Report Period Regan: Rep		ce with a six year term ce with a four year term ce with a two year term
of unspent contributions report), if any		
1. Total Amount of contributions in e	TRIBUTIONS SUMMARY	-C-3
Total Amount of contributions in e Total amount of contributions of \$\(\)	•	
Actual number of contributions of	\$100 of less	<i>a</i> -
3. Interest and income earned, if any4. TOTAL AMOUNT OF ALL CO	NTDIDITIONS	
(add lines 1 through 3)	INTRIBUTIONS	_
	EXPENSES SUMMARY	7
5. Total amount of expenses in excess	s of \$100	
6. Total amount of expenses of \$100 c	or less	-0-
7. Expense for filing fee		—
8. TOTAL AMOUNT OF ALL EX	PENSES	
(add lines 5 through 7)		

If no contributions or expenses are listed during this Report Period, only this page of the report needs to be filed with your filing officer.

I declare under penalty of perjury that the foregoing is true and correct.

Signature of Candidate

Prescribed by Secretary of State NRS 294A.120, 294A.200 EL201 001(rev. 04/00)

Total number of pages for this report _____

Kim Toulouse	verdi	GID	
Candidate's Name (print)	Office		District (if applicable)

Contributions in Excess of \$100 or, When Added Together Exceed of \$100

CONTRIBUTIOR'S NAME AND ADDRESS	DATE(S) OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION(S)	CHECK / IF LOAN	CHECK / IF IN KIND
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PAGE _____OF ____

Kim Toulouse	Verdi	GID	
Candidate's Name (print)	Office		District (if applicable)

Contributions of \$100 or Less

DATE AMOUNT OF EACH CONTRIBUTION CONTRIBUTION	DATE AMOUNT OF EACH CONTRIBUTION CONTRIBUTION
	50/

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Kim	loulouse	Verd,	6
andidate's Name	e (print)	Office	

Candidate's Name (print)

District (if applicable)

Expenses Categories

CATEGORIES	CODE	TOTALS
Office expenses	A	
Expenses related to volunteers	В	
Expenses related to travel	С	
Expenses related to advertising	D	
Expenses related to paid staff	E	3
Expenses related to consultants	F	2/
Expenses related to polling	G	
Expenses related to special events	Н	
Goods and services provided in kind for which money would otherwise have been paid	I	
Other miscellaneous expenses	J	

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Kim	Toulouse	Verdi G	SID
Candidate's Name	(print)	Office	District (if applicable)

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE	CATEGORY	EXPENSE	AMOUNT(S) OF EACH EXPENSE
RECEIVED THE PAYMENT FOR THE EXPENSE S)			
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Kim Toulouse	Verdi GI	
Candidate's Name (print)	Office	District (if applicable)

Expenses of \$100 or Less

DATE OF EACH EXPENSE	AMOUNT OF EACH	CATEGORY	DATE OF EACH
EXPENSE	EXPENSE		EXPENSE
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DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	
OF EACH	OF EACH	CATEGORY
EXPENSE	EXPENSE	
		
		
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